

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042254

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

3156

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clayton, Mo.

Length of stay in 1b
D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION County Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN University City
Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7034 Lindell Blvd.,
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
JOHN R. CEGAS

4. DATE OF DEATH
Month Day Year
Oct. 13, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-27-1903

9. AGE (last birthday)
60

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
2 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bus Driver

10b. KIND OF BUSINESS OR INDUSTRY
By State Transit Co., Pittsburgh, Pa.

11. BIRTHPLACE (City and state or country)
U.S.A.

13a. FATHER'S NAME

Andrew Cegas

13b. MOTHER'S MAIDEN NAME

Susan Cague

14. NAME OF HUSBAND OR WIFE

Marie Cegas

15. WAS DECEASED EVER IN U.S. ARMED FORCE
(Yes, no, or unknown) (If yes, give war or dates)
No

17. INFORMANT
53

Address
Marie Cegas 7034 Lindell Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH
6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b).

DUE TO (c).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1963 to 10-13-63 and last saw her alive on 9-16-63
Death occurred at 5:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
E. M. Reinhardt, M.D.

22b. ADDRESS

3903 Park Avenue

22c. DATE SIGNED

10-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Oct. 16, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

24. FUNERAL DIRECTOR

A. H. Bocklage 6536 Clayton Rd.

25. DATE RECD. BY LOCAL REG.

10-15-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300
Rev. 4/59

14002

24006

3

4 0

5 1

6

7 1

8 2

9 1200

10

11

12 92

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.